

[illegible]

Prescribed by Secretary of State 3/05

10 JAN 28 PM 1:11

Full Name of Committee										Registration Number, if PAC									
Franklin County Libertarian Party - General Fund										BOARD OF COUNTY ELECTIONS									
Full Name of Candidate																			
Street Address										Office Sought					District				
1305 Island Bay Dr																			
City										State		Zip Code							
Columbus										OH		43235							
Type of Report (place X to the left of report type)		<input type="checkbox"/>	Pre-Primary		<input type="checkbox"/>	Post-Primary		<input type="checkbox"/>	Pre-General		<input type="checkbox"/>	Post-General		<input checked="" type="checkbox"/>	Annual Year 2006				
		<input type="checkbox"/>	July Monthly		<input type="checkbox"/>	August Monthly		<input type="checkbox"/>	September Monthly		<input type="checkbox"/>	Termination		<input type="checkbox"/>	Semiannual []				
Amended Report?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Report Electronically Filed?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		Date of Election		M		D		Y					

For candidates only, during an election year if total contributions and expenditures each total \$500 or less during the combined pre- and post-periods at one election, check box ☐
No other forms are required for a post-primary or post-general period, if above statement applies See R.C. 3517.10(H) for details

1. Amount brought forward from last report	\$	\$605.98
2. Total monetary contributions (From Form No. 31-A)	\$	\$390.17
3. Total other income (From Form No. 31-A-2)	\$	\$150.00
4. Total funds available (sum of lines 1, 2, 3)	\$	\$1,146.15
5. Total monetary expenditures (From Form No. 31-B)	\$	\$0.00
6. Balance on hand (line 4 minus line 5)	\$	\$1,146.15
7. Value of in-kind contributions received (From Form No. 31-J-1)	\$	
8. Value of in-kind contributions made (From Form No. 31-J-2)	\$	
9. Outstanding loans owed by committee (From Form No. 31-C)	\$	
10. Outstanding debts owed by committee (From Form No. 31-N)	\$	
11. Outstanding loans owed to committee (From Form No. 31-K)	\$	
12. Value of independent expenditures made (From Form No. 31-U)	\$	
13. For Electronic Filing Entities only Sum of lines 2, 7, and amount of any new loans received this period.	\$	

THE INFORMATION CONTAINED IN THIS REPORT IS MADE UNDER THE PENALTY OF ELECTION FALSIFICATION WHOEVER COMMITS ELECTION FALSIFICATION IS GUILTY OF A FELONY OF THE FIFTH DEGREE.

David Howell - Treasurer

Print Name and Title (Treasurer and Deputy Treasurer only)

Signature

01/27/2010

Date _____

Contribution pages 2

Expenditure pages 0

Other pages 2

Total pages	4
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Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Franklin County Libertarian Party - General Fund						
Full Name of Contributor Libertarian Party of Ohio				Registration Number, if PAC		
Street Address 2586 Tiller Ln, Ste 2K		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc) check		
City Columbus	State OH	Zip Code 43231	M 0	D 7	Y 1	Amount \$33 82
Full Name of Contributor Chris Hayhurst				Registration Number, if PAC		
Street Address 2728 Proclamation Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc) money order		
City Columbus	State OH	Zip Code 43207	M 0	D 7	Y 1	Amount \$20 00
Full Name of Contributor Chris Hayhurst				Registration Number, if PAC		
Street Address 2728 Proclamation Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc) money order		
City Columbus	State OH	Zip Code 43207	M 0	D 7	Y 1	Amount \$20 00
Full Name of Contributor Michael Johnston				Registration Number, if PAC		
Street Address 5956 McJessey Dr		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc) check		
City Westerville	State OH	Zip Code 43081	M 0	D 7	Y 2	Amount \$50 00
Full Name of Contributor Miscellaneous -under \$25				Registration Number, if PAC		
Street Address		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc) cash		
City	State OH	Zip Code	M 1	D 0	Y 0	Amount \$17 25
Full Name of Contributor Chris Hayhurst				Registration Number, if PAC		
Street Address 2728 Proclamation Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc) money order		
City Columbus	State OH	Zip Code 43207	M 1	D 0	Y 0	Amount \$20 00
Full Name of Contributor Chris Hayhurst				Registration Number, if PAC		
Street Address 2728 Proclamation Way		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc) money order		
City Columbus	State OH	Zip Code 43207	M 1	D 0	Y 0	Amount \$20 00
Full Name of Contributor Libertarian Party of Ohio				Registration Number, if PAC		
Street Address 2586 Tiller Ln, Ste 2K		Employer/Occupation/Labor Organization*		Form (Cash, Check, etc) check		
City Columbus	State OH	Zip Code 43231	M 1	D 0	Y 0	Amount \$67 64

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear [R C 3517 10(B)(4)]

Page Total **\$248.71**

Statement of Contributions Received

Prescribed by Secretary of State 03/05

Name of Committee in Full Franklin County Libertarian Party - General Fund									
Full Name of Contributor Chris Hayhurst						Registration Number, if PAC			
Street Address 2728 Proclamation Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) money order		
City Columbus		State OH	Zip Code 43207		M 1	D 1	Y 0	Amount \$20 00	
Full Name of Contributor Libertarian Party of Ohio						Registration Number, if PAC			
Street Address 2586 Tiller Ln, Ste 2K			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43231		M 1	D 1	Y 0	Amount \$33 82	
Full Name of Contributor Chris Hayhurst						Registration Number, if PAC			
Street Address 2728 Proclamation Way			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) money order		
City Columbus		State OH	Zip Code 43207		M 1	D 2	Y 1	Amount \$20 00	
Full Name of Contributor Libertarian Party of Ohio						Registration Number, if PAC			
Street Address 2586 Tiller Ln, Ste 2K			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.) check		
City Columbus		State OH	Zip Code 43231		M 1	D 2	Y 1	Amount \$67 64	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	
Full Name of Contributor						Registration Number, if PAC			
Street Address			Employer/Occupation/Labor Organization*				Form (Cash, Check, etc.)		
City		State OH	Zip Code		M	D	Y	Amount	

* Required for contributions from individuals over \$100 to statewide and general assembly candidates. If contributor is self-employed, the occupation and the name of the individual's business, if any, rather than employer should be listed. If two or more employees contribute via payroll deduction and exceed the aggregate of \$100, the labor organization of which the employees are members, if any, must also appear [R C 3517 10(B)(4)]

Statement of Other Income

Prescribed by Secretary of State 2/01

Name of Committee in Full Franklin County Libertanan Party - General Fund										
Full Name Stonewall Columbus					Registration Number, if PAC					
Address 1160 High St		Type* RE		M 0	D 7	Y 2	Y 9	Y 0	Y 9	Amount \$25 00
City Columbus		State OH	Zip Code 43201	Form (Cash, Check, etc) deposit returned						
Full Name Comfest					Registration Number, if PAC					
Address PO Box 7167		Type* RE		M 1	D 2	Y 1	Y 5	Y 0	Y 9	Amount \$125 00
City Columbus		State OH	Zip Code 43205	Form (Cash, Check, etc)						
Full Name					Registration Number, if PAC					
Address		Type* RE		M	D	Y	Y	Y	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc)						
Full Name					Registration Number, if PAC					
Address		Type* RE		M	D	Y	Y	Y	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc)						
Full Name					Registration Number, if PAC					
Address		Type* RE		M	D	Y	Y	Y	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc)						
Full Name					Registration Number, if PAC					
Address		Type* RE		M	D	Y	Y	Y	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc)						
Full Name					Registration Number, if PAC					
Address		Type* RE		M	D	Y	Y	Y	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc)						
Full Name					Registration Number, if PAC					
Address		Type* RE		M	D	Y	Y	Y	Y	Amount
City		State OH	Zip Code	Form (Cash, Check, etc)						

* Place the two letter code in the Type block (one letter per square) which indicates the nature of the Other Income Received; RE for a refund, uncashed check or the committee's own insufficient funds check received, IN for any investment or interest income earned by the committee, SA for the sale of committee assets, or LN for payments received on a loan made.

150.00
Page Total \$